Not achieving dry weight is associated with a higher risk of all-cause and cardiovascular mortality when compared to ultrafiltration rates and interdialytic weight gain.¹


Prospective, observational study evaluating the impact of the degree of end-dialysis overweight (edOW) on mortality in prevalent hemodialysis patients over the course of three years.

46% of patients were not able to achieve their prescribed dry body weight (dBW)

![Comparison of values of edOW between patients who survived and those who did not during the follow-up.](image1)

Patients underwent 2,366 treatments within the study period and patients failed to achieve the prescribed dBW in 63% of those treatments.

Median edOW was 0.4 kg, with a range of 0.1 - 1.4 kg per treatment, and edOW was significantly higher in nonsurvivors than survivors.

- 82% of survivors attained dry weight
- 30% of nonsurvivors attained dry weight

By using the edOW as a variable, with a threshold of 0.3 kg, a significantly greater all-cause mortality and cardiovascular mortality was observed.

Patient survival curves adjusted for significant predictors at Cox regression analysis by using edOW as a categorical variable defined according to the ROC-derived edOW threshold of 0.3 kg.
**Study Design:** This prospective observational study collected data from a total of 182 patients who had been on dialysis for a median of 48 months and analyzed a variety of variables including age, gender, dialytic vintage, presence or absence of cardiovascular disease, diabetes, antihypertensive treatments, dialysis modality, duration of dialysis, dry body weight, edOW, interdialytic weight gain, ultrafiltration rate, pre-hemodialysis SBP and DBP, mean arterial blood pressure, dialysis dose, and protein catabolic rate.

**Important Information:** The reported benefits of home hemodialysis (HHD) may not be experienced by all patients. The NxStage System is a prescription device. All forms of hemodialysis involve some risks.